

REQUEST FOR PROPOSALS
Pharmacist Diabetes and Hypertension Engagement

This solicitation, having been determined to be the appropriate procurement method to provide the best value to the Conducting Procurement Unit, is designed to provide interested Offerors with sufficient basic information to submit proposals.

PART 1: OVERVIEW AND INSTRUCTIONS

1.1 PURPOSE OF SOLICITATION

The goal of this solicitation is to improve care for patients with hypertension and diabetes by supporting a team based approach to care and the use of pharmacists as health-care extenders in the community. This solicitation is focused on expanding the role of pharmacists in helping Utahns manage high blood pressure and diabetes.

The Utah Department of Health seeks to support at least one organization in piloting or developing a project that will support an expanded role for pharmacists in hypertension and/or diabetes care. Specifically the department of health is interested in supporting an organization in developing sustainable funding mechanisms for pharmacists to provide non-dispensing services.

There is a maximum of \$42,000 available to be used between the beginning of the contract period and June 30th, 2017, with an option to renew for additional years based on satisfactory progress and available funding.

1.2 BACKGROUND

The Utah Department of Health Healthy Living through Environment Policy and Improved Clinical Care (EPICC) Program was awarded DP13 1305: State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health by the Centers for Disease Control and Prevention.

Expanding the role of pharmacists in hypertension and diabetes management is a focus of this initiative. The EPICC Program has completed an environmental scan of the role Utah pharmacists are currently playing in hypertension and diabetes care, and worked with a committee of pharmacists and public health professionals to develop a plan for improving care.

Sustainable funding mechanisms for pharmacists providing non-dispensing services has been identified by both the environmental scan and the committee as a priority area for improvement. EPICC would like to support at least one organization in developing a pilot, process, policy, or other mechanism, for increasing sustainable funding opportunities for pharmacists to provide non-dispensing services to patients with hypertension and/or diabetes.

1.3 SUBMITTING YOUR PROPOSAL

Proposals must be submitted electronically, to Teresa Roark at troark@utah.gov August 26th, 2016 at 5 PM

1.4 CONTRACT AWARD INTENT

It is anticipated that this RFP may result in one or two contract awards, but the total amount awarded will be \$42,000 or less.

1.5 LENGTH OF CONTRACT

The contract(s) resulting from this Solicitation will go through June 30th, 2017 with the option to renew for additional years.

1.6 PRICE GUARANTEE PERIOD

All pricing must be guaranteed for one (1) year.

1.7 STANDARD CONTRACT TERMS AND CONDITIONS, EXCEPTIONS, AND NEGOTIATIONS

Any contract resulting from this Solicitation will include, but not be limited to the Department of Health General Provisions.

The General Provisions can be found at <http://purchasing.utah.gov/forms/doh.pdf>

Exceptions and/or additions to the General Provisions are strongly discouraged.

1.8 INTERVIEWS AND PRESENTATIONS

If it is determined to be in the best interest of the Conducting Procurement Unit, interviews and presentations may be held at the option of the State, or additional information may be requested via telephone or email. The State will document all questions and responses.

PART 2: SCOPE OF SERVICES AND REQUIREMENTS

2.1 MANDATORY MINIMUM REQUIREMENTS/QUALIFICATIONS

This section contains mandatory minimum requirements that must be met in order for an offer to be considered responsive.

Failure to meet any one of the mandatory requirements/qualifications will result in the proposal being rejected and the proposal will not move forward in the evaluation process.

All of the items described in this section are non-negotiable. A rejection of a proposal due to a proposal not meeting mandatory minimum requirements can occur at any time in the evaluation process.

Mandatory minimum requirements:

2.1.1 Designate a point of contact for communication between the Utah Department of Health and vendor

2.1.2 Propose a method of expanding sustainable funding opportunities for pharmacist non-dispensing services

2.1.3 Include a component focused on hypertension or diabetes care (proposed projects can also address other areas of care, but hypertension and diabetes care are the focus of this funding)

2.1.4 Be a change from usual care for patients with high blood pressure and/or diabetes

2.1.5 All organizations should be capable of submitting progress reports to UDOH at least quarterly.

2.1.6 If successful based on organizational requirements or expectations, vendor organizations should have a plan for sustaining the project beyond initial Utah Department of Health funding

2.2 DETAILED SCOPE OF WORK AND ADDITIONAL REQUIREMENTS

Project requirements

UDOH seeks to support projects that would provide or pilot a sustainable source of funding for Utah pharmacists in providing non-dispensing services that enhance care for patients with high blood pressure and diabetes.

☐ Examples of sustainable sources of funding are:

- Value based payments
- Developing a network of pharmacists to support contracting with payers to provide non-dispensing services
- Incentive system for rewarding pharmacists/pharmacies for achieving specific clinical outcome(s)
- Reimbursement based on a fee-for- service model

☐ Examples of non-dispensing services are:

- Medication therapy review (MTR) is a systematic process of collecting patient-specific information, assessing medication therapies to identify medication-related problems, developing a prioritized list of medication-related problems, and creating a plan to resolve them.
- Personal medication record (PMR) is a comprehensive record of the patient's medications (prescription and nonprescription medications, herbal products, and other dietary supplements).
- Medication-related action plan (MAP) is a patient-centric document containing a list of actions for the patient to use in tracking progress for self-management.
- Intervention and/or referral includes provision of consultative services and interventions to address medication-related problems; when necessary, the pharmacist refers the patient to a physician or other health care professional.
- Documentation and follow-up including consistent documentation of MTM services and scheduling of follow-up MTM visits based on the patient's medication-related needs or when the patient is transitioned from one care setting to another.

Above taken from American Pharmacists Association and National Association of Chain Drug Stores Foundation. Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model Version 2.0.2008

☐ Preference will be given to projects that engage a variety of pharmacists or pharmacies, especially pharmacists or pharmacies practicing outside of a single organization

☐ Preference will be given to projects that expect to impact a large number of hypertensive and/or diabetic patients

☐ Funding Restrictions

- Funds cannot be used for research
- Equipment
- Incentives that are greater than a nominal value
- Provide direct services; such as patient care, screening, lab tests, medication, or individual patient education

☐ Funds may be used to develop or improve the process an organization follows to ensure quality care is provided to patients. This may include (but is not limited to):

- Developing/improving a data collection system to give providers current and accurate data, as well as

to track patient care and outcomes

- Training providers and staff in new procedures or education techniques
- Developing protocols for patient follow-up and referral
- Developing/improving patient self-management education programs
- Monitoring new process success, and making adjustments as necessary

2.3 TECHNICAL RESPONSE

To determine which proposal provides the best value to the State, the evaluation committee will evaluate each responsive and responsible proposal that has not been disqualified or rejected using the following criteria:

Demonstrated Ability to meet scope of work (400 points possible)

2.3.1 Sustainable funding mechanism for non-dispensing services – the contractor has clearly described a proposed method of increasing opportunities for sustainable funding for non-dispensing pharmacy services that they plan to accomplish within specified time periods. (100points possible)

2.3.2 Improves care for patients with hypertension and/or diabetes – the contractor clearly describes how the services they plan to expand will improve hypertension and diabetes care. (100 points possible)

2.3.3 Includes pharmacists in more than one organization or setting - The EPICC Program is giving preference to proposals that expect to move towards a system change that impacts pharmacists and patients outside of any single organization. (25 points possible)

2.3.4 Project Reach - The EPICC Program is giving preference to proposals that expect to reach a large number of diabetic and/or hypertensive patients in Utah. (50 points possible)

2.3.5 Sustainability Plan – Contractors should have a plan for sustaining or continuing changes made as part of this funding opportunity past the initial funding period. (50 points possible)

2.3.6 Evaluation Plan – The contractor should have a plan for evaluating the effectiveness of their proposed project. The ideal evaluation plan would include a plan for collecting both process measures (such as the number of meetings with stakeholders or medication adherence) and outcome measures such as improvement in blood pressure control. (50 points possible)

2.3.7 Expansion Plan – The contractor should have a plan for expanding successful projects. Expansion could include additional patient groups, geographic areas, organizations, or other ways of expanding project reach after initial funding. (25 points possible)

For ease of evaluation, the proposals must provide a point-by-point response, addressing in detail each area of the evaluation criteria.. The criteria are not intended to limit a proposal's content or exclude any relevant or essential data. Offerors are at liberty and are encouraged to expand upon the criteria to demonstrate the Offeror's capability to provide the State with a solution.

PART 3: INFORMATION REQUIRED IN SUBMISSION OF A PROPOSAL

3.1 PROPOSAL FORMAT

Proposals should be concise, straightforward and prepared simply and economically. Expensive displays, bindings, or promotional materials are neither desired nor required. However, there is no intent in these instructions to limit a proposal's content or to exclude any relevant or essential data.

All materials submitted become the property of the State. Materials may be evaluated by anyone designated by the state as part of the proposal evaluation committee. Materials submitted may be returned only at the State's option.

Organize the proposal using each of the following specific headings. Failure to format the proposal as follows may result in disqualification.

1. **Cover Page:** The title of the proposed project, the organization submitting the proposal, a contact person, telephone, and email address
2. **Section Title: Executive Summary.** The executive summary is to briefly describe the Offeror's proposal. This summary should highlight the major features of the proposal. The reader should be able to determine the essence of the proposal by reading the executive summary.
6. **Section Title: Mandatory Requirements.**
As described in Section 2.1, Offeror must state that they agree to all mandatory minimum requirements
7. **Section Title: Detailed Technical Proposal.**
As described in Section 2.3, this section should constitute the major portion of the proposal and must be a concise overview of the Offeror's assessment of the work to be performed, the Offeror's ability and approach, and the resources necessary to fulfill the requirements. Please provide a point-by-point response, addressing in detail each area of the evaluation criteria. Proposals will be evaluated against the proposal evaluation criteria described in Section 2.3 and Section 4.2 of this evaluation. Section 4.2 provides the relative weight that will be given to each score for the criteria, and the minimum scoring thresholds associated with the technical evaluation criteria.
8. **Section Title: Cost Proposal.**
Please enumerate all expected costs 171 points possible – The contractor should submit a detailed budget for year one that does not exceed \$42,000. There is an example budget template provided in the “Additional Materials Section”, but offerors are not required to use any specific format.

PART 4: PROPOSAL EVALUATION

4.1 PROPOSAL EVALUATION

All proposals in response to this Solicitation will be evaluated in a manner consistent with the Utah Procurement Code, Administrative Rules, policies and the evaluation criteria in this Solicitation.

Offerors bear sole responsibility for the items included or not included within the proposal submitted by the Offeror. Each area of the evaluation criteria must be addressed in detail in the proposal.

4.2 PROPOSAL EVALUATION PROCESS

Stage 1: Initial Review

In the initial phase of the evaluation process, the conducting procurement unit will review all proposals timely received. Non-responsive proposals not conforming to RFP requirements or unable to meet the minimum and/or mandatory requirements will be eliminated from further consideration.

Stage 2: Technical Proposal Evaluation

Responsive proposals will then be evaluated by an evaluation committee appointed by the conducting procurement unit against the proposal evaluation criteria noted in Section 2.3 of this RFP. Proposals will be evaluated against the evaluation criteria as follows:

Revision Date 10 April 2016

Evaluation Criteria**Points**

Sustainable funding mechanism for non-dispensing services	__100__
Improves care for patients with hypertension and/or diabetes	__100__
Includes pharmacists in more than one organization or setting	__25__
Project reach	__50__
Sustainability plan	__50__
Evaluation plan	__50__
Expansion plan	__25__
Total Technical Points Possible	__400__

Final Stage: Cost Proposal Evaluation

Offerors successful in the technical evaluation will advance to the Final State: Cost Proposal Evaluation. The Offeror with the lowest total cost will receive the maximum points of 171. Points assigned to each Offeror's cost proposal will be based on the lowest proposal price.

The Offeror with the lowest total cost will receive 171, or 100% of the total cost points. All other Offerors will receive a portion of the total cost points based on what percentage higher their total cost is than the total lowest cost. The formula to compute the points is: $\text{Cost Points} \times (2 - \text{Proposed Price} / \text{Lowest Proposed Price})$.

4.3 DETERMINATION OF BEST VALUE

The State reserves the right to award the contract to technically qualified Offeror(s) with a lower score in the event the high scoring offer is determined to not be the best value offered to the State, based on a cost benefit analysis.

PART 5: AWARD OF CONTRACT**5.1 AWARD OF CONTRACT**

After the evaluation and final scoring of proposals is completed, the State shall award the contract as soon as practicable to the eligible responsive Offeror with the highest score, provided the solicitation is not canceled.

5.2 Additional Materials

Example Budget

Item	Cost per unit	Number Requested	Total Amount requested	Description
Staff time to collect pre and post blood pressure data using EHR	\$16	12	\$192	12 hours (2 hours every other week for 6 month project) at \$16/hour
Training providers on new EHR communication protocol	\$60	10	\$600	1 hour training 10 providers individually \$60/hour
			0	
			0	
			0	
			0	
TOTAL			\$692	